SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Revised January 2015

RECEIVED

2019 JUL -3 PM 2: 24

TOWN AND ENTROPERKIS Only

COVER PAGERISTOL, CT

I TOLD OF COMMITTEE									
KELLEY FOR COUNCIL									
2. TREASURER NAME									
First		MI	Last				Suffix		
SANDRA	,	С	STAFF	ORD					
3. TREASURER ADDRESS			· · · · · · · · · · · · · · · · · · ·				1		
Street Address 441 CLARK AVE #24			City BRISTOL			State CT	Zip Code 06010	•	
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	5. OFFICE SOUGHT (Complete only if Candidate Committee)					6. DISTRICT NU	MRER	
(mm/dd/yyyy) 11/05/2019	CITY COUNCIL						(if applicable) 78 02		
7. CANDIDATE NAME (Complete only if	Candidate or Explorator	ry Committee)							
First		МІ	Last				Suffix		
PETER		В	KELLE	Y					
8. TYPE OF REPORT (Check One Box)			,				1		
O January 10 filing	7th day preced	ding primar	y O 71	h day preceding referendum	OI	nitial Contr PACs ONLY)	ribution or Disburs	ement	
April 10 filing	30 days follow	30 days following primary 45 days following referendum					Amendment to		
July 10 filing	7th day preced	O7th day preceding election ODeficit					ort:		
October 10 filing	12th day prece	eding election							
O24 Hour Independent Expenditure OPrimary OElection	O45 days follow not held in No	ving election							
9. PERIOD COVERED									
	Beginning Dat	te		Ending Date					
(, -	04/01/2019	•	thru	06/30/2019					
10. CERTIFICATION									
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.									
Se Suggerd	SANDRA C STAFFORD						06/30/2019		
IKEASURER OR DEPUTY TREASURE	R (SIGNATURE)		PRINT NAME	OF SIGNER			DATE (mm/dd/yy	уу)	
A person who is j	found to have kno	owingly an	ıd willfully v	iolated any provisions of th	e cami	aign finar	nce statutes		

faces a civil penalty or imprisonment or both.

Page 1 of 17

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
KELLEY FOR COUNCIL	JULY 10 FILING	
	COLUMN A This Period	COLUMN B Aggregate
Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0
12. Balance on hand at the beginning of Reporting Period	0	
13. Contributions Received from Individuals (Sections A and B)	50.00	50.00
14. Receipts from Other Committees (Sections C1 and C2)	0	0
15. Other Monetary Receipts (Sections D through K)	0	0
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0
16b. Per Public Act 11-48, effective January 1, 2012 Section L2, removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	50.00	50.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	50.00	50.00
19. Expenses Paid by Committee (Section P)	0	0
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	50.00	50.00
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0
23. In-Kind Contributions Received (Section M)	0	0
24. Refundable Deposit to Telephone Company (Section N)	0	0
25. Loan Balance	0	
25a. + Loans Received (Section D)	0	0
25b. + Interest and Penalties on Loan	0	0
25c Payments on Loan	0	0
25d. Total Outstanding Loan Amount	0	
26. Campaign Expenses Paid by Candidate (Section Q)	0	0
27. Expenses Incurred on Committee Credit Card (Section R)	0	0
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
KELLEY FOR COUNCIL		JULY 10 FILING			
A. Total Contributions from Small Contributors-Recei	ved this Period ONLY SUBTOTAL SECTION A	\$25.00			
B. Itemized Co	ontributions from Indivi	duals			
STAFFORD	SANDRA		MI C		
Residential Street Address	City		State Zip Code		
441 CLARK AVE UNIT 24	BRISTOL		CT 06010		
Principal Occupation	Name of Employer		<u>-</u>		
RETIRED					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes lf contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Oyes No	e officer of a municipality, with said municipality	Amount of Contribution 25.00		
	state contractor or prospective stat				
event reported in Section L1? If yes, list Event # O No If yes, indicate which bra of government the contra		Legislative No			
Method of Contribution:	Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 5/23/2019	25.00			
Last Name	First		MI		
Residential Street Address	City		State Zip Code		
			State Zip Code		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract O Yes No	e officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		e contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order				
Last Name	First		MI		
Residential Street Address	City		State Zip Code		
Principal Occupation	Name of Employer		L		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	e officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which bra of government the contraction of government the contraction.	state contractor or prospective state	contractor? Syes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	†		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order				
SUBT	TOTAL Section B — This	Page 25.00			
TOTA	of additional Section B P	ages 0			
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page 2				

NAME OF COMM KELLEY FOR CO	MTTEE (Provide Comple UNCIL	te Name as Re	gistered wi	h Filing Reposi	tory)			TYPE OF REPORT JULY 10 FILING	•	
Name of Committee			C1. C	ntributio	ns fr	om Ot	her Comm			
							Traine of freasu	C.		
Address		·			Is the	nis contrit nt reporte	d in Section L1?	with an OYes ONo	Amou	nt of Contribution
City		St	ate	Zip Code		Date Receiv		Aggregate Contributions	-	
Name of Committee						•	Name of Treasur	Ier		·
Address	,				Is the	nis contrib	d in Section L1?	with an Yes No	Amour	t of Contribution
City		Sta	ate	Zip Code		Date Receiv		Aggregate Contributions	-	
Name of Committee							Name of Treasur	ı ver		
Address				Is th	Is this contribution associated with an event reported in Section L1? If yes, list Event #					
City		Sta	ate	Zip Code		Date Receiv	ed	Aggregate Contributions		
	C2. R	eimburs	ements	or Surpli	us Di	stribu	tions from	other Committees		
Name of Committee							Name of Treasur	er		
Address						City			State	Zip Code
Date Received	Expenditure # (if applicable)	Paymen		t for shared ex	xpense	ense OSurplus Distribution			Amo	unt of Receipt
Description										
Name of Committee			·				Name of Treasure	er		
Address						City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payme	nt Type	· · · · · · · · · · · · · · · · · · ·					Amo	unt of Receipt
Description		Re	imbursem	ent for shared	expens	se OS	Surplus Distribut	tion		
Description										
				SUBTO	TAL	Section	C — This F	age 0		
				TOTAL o	f add	litional	Section C P:	ages 0		
	TOTAL OF A	ALL CON C1 + C2)	AMITTI (Enter tota	EE CONTR il on Line 14,	Colun	FIONS nn A of S	AND RECE ummary Page I	iPTS 0		

NAME OF COMMITTEE (Provide Complete Name as Registered with FI KELLEY FOR COUNCIL	iling Repository)		TYPE OF		
	Toone Dece	eived this Period	JULI 10	FILING	
Name of Lender	. LUXIIS INCC.	Source of Loan:			Date of Receipt
		l	didate 🔘 Individual	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)	<u>L </u>				Amount Received
Street Address	City		State	Zip Code	·
Name of Lender		Source of Loan: Bank Cand	didate 🔘 Individual	l Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
2.77.17.12.17.14		<u></u>			
Name of Lender		Source of Loan: Bank Cand	didate 🔘 Individual	Other Committee	Date of Receipt
Street Address	City		State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)					Amount Received
Street Address	City		State	Zip Code	
		TOTAL SECTI	ION D 0		
E. Receipts from Entities other than	n Individuals	s or Other Comr	mittees (Referen	dum Committe	os ONLY)
Name of Entity					4 M = 1
Street Address			Date Received		Amount Received
City	State	Zip Code	A ====acta Contrib		
··· ·		Zip Code	Aggregate Contribu	itions	
Name of Entity		· .		<u> </u>	
Street Address			Date Received		Amount Received
City	State	Zip Code	Aggregate Contribu	ations	
Name of Entity					
Street Address			Date Received		Amount Received
Sity	State	Zip Code	Aggregate Contribu	itions	
		TOTAL SECTI	IONE 0		

NAME OF COMMITTE KELLEY FOR COUN	EE (Provide Complete Name as Registe CIL	red with Filing Repository)		JULY 10 FII	
I	F. Amount Transferred	rom Affiliated Busi	ness Treasury (Busi	ness Entity Com	mittees ONLY)
Date of Receipt	Is this transaction associal event reported in Section	ted with an Yes I	yes, list Event #		Amount
Date of Receipt	Is this transaction associa event reported in Section	103 1	<i>yes</i> , list Event #		Amount
Date of Receipt	Is this transaction associa event reported in Section	105 1/	<i>yes</i> , list Event #		Amount
Date of Receipt	Is this transaction associa event reported in Section	1 05 2/	yes, list Event #		Amount
			TOTAL SECTIO	NF 0	
G. Amount T	ransferred from Affiliat	ed Labor Union or C	Other Organization	Treasury (6)	rganization Committees ONLY)
Date of Receipt		Date of Receipt	or gamzation	Date of Receipt	rgunization Committees (INL1)
	Amount	Amo	unt		Amount
			TOTAL SECTION	G 0	
	H. Personal Funds of t	he Candidate Receiv	ved this Period (Ca)	ididate Commit	tees ONLY)
ate of Receipt	Method of payment:		· ·		Amount
	Cash	Personal Check	Credit/Debit	Card	
ate of Receipt	Method of payment: Cash	Personal Check	Credit/Debit	Card	Amount
ate of Receipt	Method of payment: Cash	Personal Check	Credit/Debit	Card	Amount
ate of Receipt	Method of payment:	Personal Check	Credit/Debit	Card	Amount
			TOTAL SECTION	ON H 0	
		I. Anonymous C	Contributions		

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Registered with F	TYP	E OF RE	EPORT		
KELLEY FOR COUNCIL		JUL,	Y 10 FII	LING	
J. Interest fr	om Deposits in Authorized Accour	ıts			
Name of Institution		Date	Received		Amount
Street Address	City	State	Zi	p Code	
Name of Institution		Date	Received		Amount
Street Address	City	State	Zij	p Code	
	TOTAL SECTIO	ΝJ	0		
K. Miscellaneous Mo	netary Receipts not Considered Co	ntri	butior	18	
Name			Date of	Fransaction	Amount Received
Street Address	City	Sta	ite	Zip Code	
Description				<u> </u>	
Name			Date of 7	Transaction	Amount Received
Street Address	City	Sta	ite	Zip Code	
Description	L				
Name			Date of 7	Transaction	Amount Received
Street Address	City	Sta	te	Zip Code	
Description	L			<u></u>	
Name			Date of 7	Transaction	Amount Received
Street Address	City	Sta	ite	Zip Code	
Description	L		-	J	-
	TOTAL SECTION K	0		·	
SUMMARY OF OTHER	MONETARY RECEIPTS (Section	ns D	throu	gh K)	
Total Loans Received this Period (Section D)				0	
Total Receipts from Entities other than Individuals or Oth	er Committees (Section E)	+		0	
Total Amount Transferred from Affiliated Business Treas	ury (Section F)	+		0	
Total Amount Transferred from Affiliated Labor Union o	r Other Organization Treasury (Section G	+		0	
Total Amount of Personal Funds of the Candidate Receive	+		0	 	
Total Amount of Interest from Deposits in Authorized Acc		0			
Total Miscellaneous Monetary Receipts not Considered C	ontributions (Section K)	+		0	
(Add Sections D through	Total of Other Monetary K) (Enter total on Line 15, Column A of Summar			0	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repositor,	y) TYPE OF REPORT		
KELLEY FOR COUNCIL	JULY 10 FILING		
L1. Eve	nt Information		
Event # Description Date of Event Letter		Was this a fundraising ev	vent?
		OYes ONo	
Location: Street Address	City	State Zip Code	
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations no Associated with a House Party and complete purchases made by host(s) for food, beverage a No	e required information for a	is any
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L4 In-Kind Donations n	ot Considered Contribution	
of up to \$200 or items donated by an individual of up to \$100?	and complete required information.)	of Considered Contribution	ns
	O No		
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$100?	Yes (If yes, enter Total Receipts here.)	Φ.	\neg
with purchases from an individual of up to \$100?	ONo	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Com	nmittees other than Exploratory Committees)		
Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	O Yes (If yes, go to Section L3 Purchases of Advertion or on a Sign and complete required information No	sing Space in a Program Bo tion.)	ook
Subpart 3: (Town Committees ONLY)	O.V. (72		
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)	\$	
<u> </u>	ONo		
Event # Description Date of Event Letter		Was this a fundraising evo	t?
Date of Event Letter		OYes ONo	ent
Location: Street Address	City	State Zip Code	
Subpart 1: (All Committees)			
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations no Associated with a House Party and complete purchases made by host(s) for food, beverage at No	required information for a	ıs ıny
Did this fundraiser include goods or services donated by a business entity	Yes (If yes, go to Section L4 In-Kind Donations n	ot Considered Contribution	ns
of up to \$200 or items donated by an individual of up to \$100?	and complete required information.) No		
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Receipts here.)		_
with purchases from an individual of up to \$100?	No ────	\$	
Subpart 2: (Party Committees, Municipal Candidates and Political Comwere there purchases of advertising space in a program book or on a sign associated with this fundraiser?		sing Space in a Program Bo	ook
Subpart 3: (Town Committees ONLY)			-
Did your committee sell food or beverage at a fair or similar mass	Yes (If yes, enter Total Receipts here.)	\$	\neg
gathering held within the state with this fundraiser?	ONo	Ψ	_
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts f			_
SUBTOTAL Sec Total Rec	tion L1—Subpart 3 (Town Committees ONLY) eipts from Food Purchases — This Page		
	TOTAL of additional Section L1 Pages 0		\dashv
TOTAL OF ALL RECT	DIDTE DOMESMALL DURCHASES		\dashv
	n Line 16a, Column A of Summary Page Totals)		

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

NAME OF COMMITTEE KELLEY FOR COUNCIL	TYPE OF REPO JULY 10 FILIN							
	L3. Purchase	s of Advertisin	ng in a Progra	am Book or on a Sign				
Name of Purchaser				· ·	Purchas	e Made By:		
					OBu	siness Entity	Other	
			·		OInd	lividual/Sole P		
Street Address			City			State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise	Amount of Sig	n Purchase	
Name of Purchaser	L	1			Purchas	e Made By:		
					OBus	Business Entity Other		
					OInd	ividual/Sole Pi	roprietorship	
Street Address		-	City			State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise A	Amount of Sig	n Purchase	
Name of Purchaser		1			Purchas	e Made By:		
						siness Entity	Other	
					_	lividual/Sole Pi	_	
Street Address			City			State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise A	Amount of Sig	n Purchase	
					,		,	
Name of Purchaser					Donahaa	- M- I- D		
raine of I wellaser						e Made By: siness Entity	Other	
					_ I	ividual/Sole Pi	•	
Street Address			City			State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	ise /	Amount of Sig	n Purchase	
				g.			,	
N CD								
Name of Purchaser					_	e Made By: siness Entity	Other	
					_	ividual/Sole Pr	_	
Street Address			City			State	Zip Code	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purcha	Se /	Amount of Sig	n Purchasa	
•				Amount of Frogram Au Turena	ist I	Amount of Sig	, ii i ui chase	
	SUBTOTAL Section L3 To	otal Purchases of	Advertising in I	Program Book — This Page 0				
	SUBTOTAL Section	on L3 Total Purc	hases of Adverti	sing on a Sign — This Page 0				
			TOTAL of	additional Section L3 Pages 0				
TOTAL	OF ALL PURCHASES O			AM BOOK or ON A SIGN 0				
		(Enter total on I	iane 16c, Column	A of Summary Page Totals)				

NAME OF COMMITTE	EE (Provide Complete Name as Registe	red with Filing Repository)			TYPE OF REPORT	Γ		
KELLEY FOR COUNC		***************************************			JULY 10 FILING	•		
	L4. In-F	Kind Donations N	ot Conside	red Contribu	ıfions			
Name of Donor								
Street Address	4-4-		City				State	Zip Code
Donation Given By:	Description of Donation		ı			Fair I	Mowket Val	ue of Donation
Business Entity						rair i	магкет уаг	ue of Donation
O Individual	Date Received	Event #	·····	Aggregate Value fo	or this Event			
Sole Proprietorship								
Name of Donor		-1		<u> </u>				
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair I	Market Val	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event #		Aggregate Value fo	or this Event			
Name of Donor		<u> </u>		1				
Street Address			City	· · · · · · · · · · · · · · · · · · ·			State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	Market Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate Value for	or this Event			
Name of Donor								
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	Aarket Valu	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event			
		SUBTO	TAL Section	L4 — This Page	0		,	
		TOTAL	of additional	Section L4 Page	es 0			
тот	AL OF ALL IN-KIND DONA (Enter	ATIONS NOT CONS total on Line 21, Coli					·	
								·

NAME OF COMMITTEE (Pro	ovide Complete Name as Registered with Filing Repo	ository)			TYPE OF RE	PORT	
KELLEY FOR COUNCIL					JULY 10 FIL		
	In-Kind Donations Not Conside	red (Contributions Associa	ted with a F	Iouse Part	у	
Name of Host				committee?	Supporting mo Yes No mplete Itemiza	D	ne candidate or
Street Address			City			State	Zip Code
Description of Donation					Fair Mar	ket Value o	of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	ggregate Value of all Events—this ho	ost/candidate	·		
Name of Host				committee?)	e candidate or
Street Address			City	-		State	Zip Code
Description of Donation			L		Fair Mar	ket Value o	l of Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host		I		committee?	upporting mo Yes O No nplete Itemiza)	e candidate or
Street Address			City			State	Zip Code
Description of Donation				-	Fair Mar	ket Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Ag	gregate Value of all Events—this ho	st/candidate			
Name of Host		•		committee?	upporting mo Yes ONo nplete Itemiza)	e candidate or
Street Address			City			State	Zip Code
Description of Donation				-	Fair Marl	cet Value o	f Donation
Event #	Aggregate Value of this Event—all hosts	Agg	gregate Value of all Events—this ho.	st/candidate			
		SUB	TOTAL Section L5 — 1	his Page ()		
	1	ОТА	L of additional Section	L5 Pages ()		
TOTAL OF ASSOCIATED WITH A	ALL IN-KIND DONATIONS NO HOUSE PARTY (Enter total on 1		ONSIDERED CONTRIF 2, Column A of Summary P)		

III. NONMONETARY RECEIPTS (Sections M—O)

NAME OF COMMITTEE (Provide Complete	Name as Re	egistered with	Filing Reposito	irv)				OF REPORT		
KELLEY FOR COUNCIL							JULY 1	10 FILING		
			M. In-K	Aind Cor	ıtri	butions		Edward Comment		
Name										
Street Address					City	v			State	Zip Code
									0	ZAP JULI
Type of contributor:	Date Recei	ived	Aggregate Cor	ntributions	Щ.	Description of In-Kind	d Contribution	on	Щ_	
OIndividual / Sole Proprietorship Oother										
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes	does cor	ribution is in on ontributor or b at more than	business he/sh	0 to a candidate is associate	ated w	for a chief executive of with have a contract work of Yes No	officer of a	a municipality, unicipality		Market Value
Is this contribution associated with an event reported in Section L1? If yes, list Event #	Yes No	Is contribut If yes, i		ch branch or	contra	ractor or prospective s	_	No		
Name		01.50	Illinoit die	nuace is	11.	Dacount	O LUGA.	alive		
Street Address		· · · · · · · · · · · · · · · · · · ·			City	/			State	Zip Code
				<u></u> -						
Type of contributor: Committee	Date Recei	ived	Aggregate Con	atributions		Description of In-Kind	Contributio	'n		
OIndividual / Sole Proprietorship Oother	If a sustain	" tim in ir	> \$ \$ 4/	201: = cand			~~ ~ of			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality of this Contribution valued at more than \$5,000? Yes No										
Is this contribution associated with an event reported in Section L1? If yes, list Event #	8 Yes No	If yes, in	tor a principal indicate which rnment the cor	h branch or	r brar	actor or prospective st nches Executive	_	O No		
Name					_		<u> </u>	1		
Street Address					City				State	Zip Code
Type of contributor: OCommittee OIndividual / Sole Proprietorship Other	Date Receiv	ved	Aggregate Con	itributions		Description of In-Kind	Contributio	n		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does co	ribution is in ontributor or l at more than	business he/sh	00 to a candi she is assòcia	ated v	e for a chief executive with have a contract v	officer of with said n	a municipality, nunicipality	Fair Market Value of this Contribution	
Is this contribution associated with an	O Yes	Is contribute	tor a principal	l of a state co	ontra	actor or prospective st	tate contrac			
event reported listed in Section L1? If yes, list Event #	O No	If yes, in	indicate which rnment the con	h branch or	bran		_	○ No		
			SUI	BTOTAL	Sec	tion M — This Pa				
			TOT	AL of add	itio	nal Section M Pag	es 0			
TOTAL OF ALL IN-KIND CONT	TRIBUT	FIONS (E)	nter total on L	ine 23, Colu	ımn /	4 of Summary Page T	otals) 0			
	N.	. Refund	lable Dep	osit to T	ele	phone Compan	ny	(Seeking		
Last Name of Individual				First		-		MI I	Date Deposit	t Made
			ı							
Residential Street Address	***************************************		City	<u>, </u>			State	Zip Code	$T = \frac{1}{2}$	Amount of
										Deposit
Name of Telephone Company							L		\dashv	
Street Address			City	/			State	Zip Code	-	
						,				
TOTAL SE	CTION	N (Enter t	otal on Line !	24, Column	A oj	Summary Page Tota	ials) 0			

SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repositor	y)		TYPE OF REPORT	
RELLET FOR COU			_	JULY 10 FILING	
NCD	P. Expense	s Paid by C	Committee	Ta aa	
Name of Payee				Date of Payment	Method of Payment: Check #
					O Debit Card OEFT
Street Address		City			State Zip Code
Purpose of Expenditure	Description		Even	ıt#	Amount
(by code)			l		Amount
Ermanditum #				·	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required to	unless "None o	f the below" is check	ked)	
	None of the below Coordinated with reimbursement sought (joint expendit	ture)	Independent		
	Coordinated with reimbursement sought (in-kind cor)A O B O C O 1	D
Name of Payee				Date of Payment	Method of Payment:
·					Check #
Street Address		City			O Debit Card O EFT State Zip Code
					State Dip code
Purpose of Expenditure (by code)	Description		Even	t#	Amount
Expenditure #	Type of Expenditure (Itemization in Addendum P Required to	ınless "None o	the below" is check	ed)	
(if applicable)	None of the below				
	Coordinated with reimbursement sought (joint expenditu		Independent		
Name of Payee	Coordinated without reimbursement sought (in-kind con	tribution)	Organization(A OB OC O I	Method of Payment:
	•			Bate of Fayment	Check #
					Debit Card DEFT
Street Address		City			State Zip Code
				•	
Purpose of Expenditure	Description		Event	t #	Amount
(by code)					1 AMOUNT
Expenditure #		* (A)			_
(if applicable)	Type of Expenditure (Itemization in Addendum P Required	untess "None o	of the below" is checi	ked)	
	None of the below Coordinated with reimbursement sought (joint expendi	ture)	Independent		
	Coordinated without reimbursement sought (in-kind co			DAOBOCO	D
Name of Payee				Date of Payment	Method of Payment:
					O Check #
Street Address		City			O Debit Card O EFT State Zip Code
			· · · · · · · · · · · · · · · · · · ·		
Purpose of Expenditure (by code)	Description		Even	t #	Amount
			ĺ		
Expenditure #	Type of Expenditure (Itemization in Addendum P Required)	unless "None o	f the below" is check	sed)	
(if applicable)	None of the below				
	Coordinated with reimbursement sought (joint expendit		Independent	· · · · · · · · · · · · · · · · · · ·	
	Coordinated without reimbursement sought (in-kind cor	itribution)	Organization(A OB OC OI)
		SUBTOTAL	Section P — Thi	s Page 0	
	T	OTAL of add	litional Section P	Pages 0	
	TOTAL OF ALL EXP		D BY COMMI A of Summary Page		
	Estaes with ON EL	n 17, Coumn	a of Summury Fuge	1 Jims)	**

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) KELLEY FOR COUNCIL				TYPE OF REPORT JULY 10 FILING				
Q. Campaign Expenses Paid by Candidate								
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimb	ursement claimed?		
					0	_		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event #	4	Amount			
Name of Payee (Name of V	l Vendor, Person or Entity who candidate paid directly)			Date of Payment	Is reimb	ursement claimed?		
					0	Yes 🔘 No		
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	iture Description			#		 Amount		
Name of Pavee (Name of V	endor, Person or Entity who candidate paid directly)			Data CD				
rame of rayee (rame of r	сниот, 1 erson от Enuty wno cumulate plate unecly)			Date of Payment	Is reimbursement claimed? Yes No			
Street Address		City			State	Zip Code		
D	Description		Event #	,				
(by code)					Amount			
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)				Date of Payment	Is reimb	ursement claimed?		
					Ö	Yes 🔵 No		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description	cription				Amount		
Name of Payee (<i>Name of V</i>	endor, Person or Entity who candidate paid directly)		T	Date of Payment	Is reimb	ursement claimed?		
				·	Yes No			
Street Address		City			State	Zip Code		
Purpose of Expenditure by code)	Description Ev			Event #		Amount		
Name of Payee (Name of Vendor, Person or Entity who candidate paid directly)			Date of Payment		Is reimbursement claimed? Yes No			
Street Address		City			State	Zip Code		
Purpose of Expenditure by code)	Description		Event #			Amount		
SUBTOTAL Section Q — This Page 0								
TOTAL of additional Section Q Pages 0								
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26, Column A of Summary Page Totals) 0								

NAME OF COMMIT	EE (Provide Complete Name as R NCIL	egistered with Filing Repository)		TYPE OF REP			
10.15 (m. 2 m. 1940)	R	. Expenses Incurred o	on Committee Cr	edit Card			
Name of Issuing Insti	tution	_	pe of Credit Card: Visa Master	Card Discover	American Evare	on OOther	
Name of Vendor, Person or Entity			y visa y iviastor v	Cald Discover		Transaction	
Street Address		C	Sity		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event#		Amount	
Expenditure # (if applicable)							
Name of Vendor, Person of	or Entity				Date of	Transaction	
Street Address		C	ity		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		Amount	
Expenditure # (if applicable)	None of the below Coordinated with reimbu	n in Addendum R Required unb rsement sought (joint expenditure abursement sought (in-kind contrib) Indep	rendent	C O D		
Name of Vendor, Person o	r Entity				Date of	Transaction	
Street Address		C	ity		State	Zip Code	
Purpose of Expenditure (by code)	Description			Event #		Amount	
Expenditure # (if applicable)	None of the below Coordinated with reimbu	n in Addendum R Required unl rsement sought (joint expenditure) bursement sought (in-kind contrib) Indep	,	е Ор		
		SUBT	OTAL Section R —	This Page 0			
		TOTAL	of additional Section	n R Pages 0			
ТО'	TAL OF ALL EXPENS	ES INCURRED ON CO (Enter total on Line 27,	MMITTEE CRED Column A of Summary	······································			

NAME OF COMMIT	TEE (Provide Complete Name as Registered with 1	iling Repository)		TYPE OF REPORT				
KELLEY FOR COUNCIL JUI					LY 10 FILING			
	S. Expenses Incurre	d by Committee but N	ot Paid Duri	ng this Period				
Name of Creditor						Date Incurred		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event#					
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) Independent Organization: Organization: OB OC D							
Name of Creditor					Date Incu	rred		
Street Address		City	***		State	Zip Code		
Purpose of Expenditure (by code)	Description		Event	#	1	nount Incurred stimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendary None of the below Coordinated with reimbursement sough Coordinated without reimbursement so	nt (joint expenditure)	Independent	(Ned)	D			
Name of Creditor					Date Incu	rred		
Street Address		City			State	Zip Code		
Purpose of Expenditure (by code)	Description		Event	#		nount Incurred stimate or Actual)		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: OR OR OR OR OR OR OR OR OR O							
		SUBTOTAI	. Section S-Thi	s Page 0				
		TOTAL of addi	tional Section S	Pages 0				
TOTAL OF ALL F	EXPENSES INCURRED BY COMMI (E	TTEE DURING THIS PER nter total on Line 28, Column A	IOD BUT NO of Summary Pag	PAID 0				
	Previously 1	eported Expenses Unpaid a	nd still Outsta	nding 0				
	TOTAL OF ALL EXPENSES (En	INCURRED BY COMMIT ter total on Line 28a, Column A						

NAME OF COMMITTI KELLEY FOR COUN	E (Provide Complete Name as Registered with Filing Reposite CIL	ry)				PE OF RE LY 10 FI				
	T. Itemization of Reim	bu	rsements	and Secon	dary Pa	yees				
Last Name of Worker/Consultant			rst				МІ	Date of I Person o	ayment to Vend Entity	dor,
Name of Vendor, Person or					Payment	to Reimburse n Section P:	Committee V	Worker/Consulta	ant as	
			•			Che		_ Q De	oit Card 🔘	EFT
Street Address of Vendor, 1	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A					O C) O			
Last Name of Worker/Cons	ultant	Fi	rst				MI	Date of F Person or	ayment to Vend Entity	dor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							n Section P:	_	Vorker/Consulta	ant as
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City					State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (if applicable) Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Independent Organization: o A o B o C o D										
Last Name of Worker/Consultant		Fi	rst				MI	Date of F Person or	ayment to Vend Entity	dor,
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant							n Section P:	_	Vorker/Consulta	
Street Address of Vendor, F	erson or Entity Paid by Committee Worker/Consultant		City	***************************************				State	Zip Code	
Purpose of Expenditure (by code)	Description				Event #				Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: o A				O C	O C O D				
			SUBTOTA	L Section T –	– This Pag	ge 0				
		T(OTAL of a	lditional Sect	ion T Page	es 0				
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VC	RKERS .	AND CONS	ULTANI	r s 0				